

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
1	AS FILED		AFTER 1st AMENDMENT		IND. DEP.	AFTER 2nd AMENDMENT		IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
	IND.	DEP.	IND.	DEP.		IND.	DEP.				
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	2										
TOTAL DEP.	1										
TOTAL CLAIMS	2										